

Congress of the United States
Washington, DC 20515

March 18, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
H-232, U.S. Capitol
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
H-204, U.S. Capitol
Washington, D.C. 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
S-230, U.S. Capitol
Washington, D.C. 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
S-220, U.S. Capitol
Washington, D.C. 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer:

As both chambers work on additional stimulus measures to mitigate the severe disruption caused by COVID-19, we write to ask you to continue to prioritize critically needed funding and resources for our nation's rural communities so that Americans have access to the care they need during this pandemic, including taking further measures to keep clinic doors open and bolster the use of telehealth.

Equity in access is important. Rural Americans are, on average, older and more economically disadvantaged than non-rural Americans. They are also sicker, suffering higher rates of the six most nationally prevalent chronic diseases, several of which make these individuals more vulnerable to acute cases of COVID-19. Residents living in rural distressed zip codes, such as those in California's Central Valley, have the lowest rates of hospital access in the nation.¹ The consequences can be dire; we have heard too many tragic stories of constituents who unnecessarily lost their lives because they couldn't access proper care.

Part of the access issue includes hospital closures and bed shortages, which will become even greater challenges during this pandemic. Rural districts like ours have long struggled with the crisis of rural hospital and health clinic closures. The number of hospital beds has risen in prosperous zip codes throughout the United States, while falling elsewhere. These declines are most acutely felt in rural areas: rural zip codes lost nearly one in five hospital beds between 2006 and 2017. Additionally, as more hospitals close, more communities lose access to primary care resources and emergency room care. Compounding these problems is the rural workforce shortage. Seventy-seven percent of rural counties in America are deemed Health Professional Shortage Areas (HPSAs).

One solution to the health professional shortage problem and to the bed shortage problem is to increase the use of telemedicine to screen and monitor patients, and remove restrictions on access to

¹ https://eig.org/news/research_articles/mapping-hospitals-and-well-being

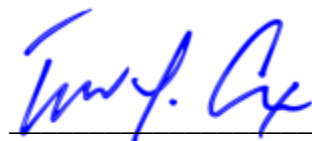
telemedicine. That way, care can be provided without forcing potentially viral patients to wait in rural emergency rooms or clinics, where other patients or health care workers may be infected. While some conditions undoubtedly require in-person care, others can be effectively managed remotely, thereby neutralizing the barriers that distance and transportation pose to receiving care.

While we applaud the Administration's recent efforts to expand telehealth diagnostic screening and care for COVID-19 patients,² as well as the inclusion of telehealth provisions in the first supplemental funding package, more must be done to ensure that rural Americans get the care they need.³ That means focusing on the broadband, workforce and technology needs of rural providers. Clinics and community health centers are hemorrhaging revenue because patients are not able to come in for and/or opting out of visits that would ordinarily generate income. Even with the new Centers for Medicare & Medicaid Services regulation, there will be serious lags in telehealth usage. We have an obligation to pull out all the stops in a crisis like this one, including passing legislation that will incentivize greater use of telehealth and removing other restrictions and barriers.

Federal leadership must continue to help rural providers and state and local authorities combat the spread of COVID-19. These are some of our nation's most vulnerable communities and this is an unprecedented public health crisis. The continued safety, health, and well-being of everyone in the United States, especially those living in rural areas, depends on an effective response, and there is simply no time to lose.

We appreciate your attention to this urgent matter and stand ready to work with you to accomplish these goals. Please do not hesitate to contact our offices if we can answer any questions.

Sincerely,



TJ COX

Member of Congress

² <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>

³ We believe that what also needs clarifying with regard to the CMS guidance on telehealth is whether all of these flexibilities apply to FQHCs and RHCs that do not bill under the Medicare Physician Fee Schedule and are paid under different mechanisms (generally an all-inclusive rate). While Rural Health Clinics were mentioned in the guidance, FQHCs are not.



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